



Operation Re-Connect Application

For more information please call 1-800-237-2850, Ext: 3192

Mail To: Indiana National Guard Relief Fund
2002 S. Holt Road
Indianapolis, IN 46241
Fax: 317-481-5961

MILITARY MEMBER'S INFORMATION

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

E-MAIL: _____

RANK: _____ SOCIAL SECURITY NUMBER: _____

UNIT DEPLOYED WITH: _____

HOME STATION UNIT OF ASSIGNMENT: _____

IS MEMBER MARRIED: _____

DEPENDENT INFORMATION (DEERS enrollment will be verified)

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)

I verify that this service member is in good standing with the unit, and all necessary documentation is attached.

NAME: _____

POSTION/TITLE: _____ PHONE NUMBER: _____

ACTIVITY REQUEST: (Requests must be made at least THREE WEEKS prior to family outing)

DATE YOU WOULD LIKE TO ATTEND: 1st choice: _____ 2nd choice: _____

(Must list at least two dates)

3rd choice: _____

PLACE YOU WOULD LIKE TO VISIT: _____

(Chose one from list provided on the flyer)

Alternate place if first choice unavailable: _____

Travel assistance may be available on an as needed basis and if deemed necessary by Operation Re-Connect.

_____ Check here if you require travel assistance. Our office will contact you to follow up on this request. Additional information will be required to meet this request.

Required Documents

Please initial on the line below when document is provided. Incomplete applications will not be reviewed.

Initials

_____ (TAB A) Attach a copy of your DD Form 214 or a copy of your Title 10 GWOT orders if you have not yet received your DD Form 214. You must mail or e-mail a clear copy of your DD Form 214 once you receive it in order to process your request. Your Title 10 GWOT orders submitted will hold your spot until your DD Form 214 is received.

I certify the above information to be true and correct. I acknowledge that I am voluntarily participating in Operation Re-Connect and assume all risks associated with visiting the chosen site. Furthermore, I do not hold the Indiana National Guard Relief Fund or Operation Re-Connect responsible for any injury to myself or my family while participating in any activities associated with my trip. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana and the Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the State of Indiana and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law.

Applicant Signature

Date